

A Good Practice Guide to the Administration of Substances and Removal of Blood, Including Routes and Volumes

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This article is the result of an initiative between the European Federation of Pharmaceutical Industries Associations (EFPIA) and the European Centre for the Validation of Alternative Methods (ECVAM). Its objectives are to provide the researcher in the safety evaluation laboratory with an up-to-date, easy-to-use set of data sheets to aid in the study design process whilst at the same time affording maximum welfare considerations to the experimental animals.

Although this article is targeted at researchers in the European Pharmaceutical Industry, it is considered that the principles underpinning the data sets and refinement proposals are equally applicable to all those who use these techniques on animals in their research, whether in research institutes, universities or other sectors of industry. The implications of this article may lead to discussion with regulators, such as those responsible for pharmacopoeial testing.

There are numerous publications dealing with the administration of test substances and the removal of blood samples, and many laboratories also have their own 'in-house' guidelines that have been developed by custom and practice over many years. Within European Union Directive 86/609EEC¹ we have an obligation to refine experiments to cause the minimum amount of stress. We hope that this article will provide background data useful to duplication of animal work, as well as sharing practical skills variety of scienc

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The objectives of the Technical Sub group of EFPIA/ECVAM were as follows:

- (i) to provide a guide on administration volumes for use in common laboratory species used in toxicity studies required by regulatory authorities;
- (ii) to provide consensus dosage levels for routine use that represent good practice in terms of animal welfare and practicality;
- (iii) to produce a guide to dosage levels representing the upper limit of common practice, which leaves scope to make the case for special investigations.

Administration volumes

Table 1 presents administration volumes for the commonly employed routes in the most frequently used species. They are consensus figures based on published literature and internal guidelines. The marmoset and minipig are now considered within this category because they are being used increasingly in Europe.

Two sets of values are shown in each column: values on the left are intended as a guide to 'good practice' dose volumes for single or multiple dosing; values on the right, where given, are the possible maximal values. If maximal values are exceeded, animal welfare or scientific implications may result and reference to the responsible veterinary surgeon should be made. In some instances values are there to accommodate pharmacopoeial requirements.

Some of these suggested maximum values have been obtained from recent literature,^{3,4} but appear high when compared with 'good practice' values. The need for careful attention to animal welfare and the formulation of material used at high dose volumes are rehe nee0o6-3797re'materify

Table 6. Summary of the advantages and disadvantages of the various methods of blood sampling

Ro i e/ ein	General anaesthesia	Tissue damage ^a	Repeat bleed	Volume	Species
Jugular	No	Lo	Ye	+++	Ra, dog, rabbi
Cephalic	No	Lo	Ye	+++	Macaque, dog
Saphenous/lateral ear al	No	Lo	Ye	++(+)	Monkey/ra, marmoset/macaque, dog
Marginal ear	No (local)	Lo	Ye	++ +	Rabbi, minipig
Femoral	No	Lo	Ye	+++	Marmoset/macaque
Sublingual	Ye	Lo	Ye	+++	Ra
Lateral tail	No	Lo	Ye	++(+) +	Ra, monkey/marmoset
Central ear artery	No (local)	Lo	Ye	+++	Rabbi
Cranial venous catheter	No	Lo	Ye	+++	Minipig
Tail tip amputation (<1.3 mm)	Ye	Mod	Limited	+	Monkey/ra
Retrobulbar plexus	Ye	Moderate/high	Ye	+++	Monkey/ra
Cardiac ^b	Ye	Moderate	No	+++	Monkey/ra/rabbi

^aThe potential for tissue damage is based on the likelihood of occurrence and the severity of an sequelae, e.g. inflammation or reaction or histological damage.

removing the clot. Serial amputations resulting in a significant shortening of the tail (i.e. >5 mm) are not acceptable. The technique may not be suitable for older animals. Anaesthesia is recommended.

Cardiac puncture. This should always be carried out under general anaesthesia and in the past it has been used with recovery in small rodents due to the lack of alternative routes. However, other methods are now available and because of potentially painful and fatal sequelae, such as pericardial bleeding and cardiac tamponade, this technique should only be used for terminal bleeds.

Retrobulbar plexus. The retrobulbar route has been commonly used by researchers in the past but has been observed to cause adverse effects. Concern has therefore arisen because of these effects and their potential severity. Recently, however, other methods have been developed that meet the scientific requirements and also improve the welfare of the animals. Nevertheless, the Technical Subgroup felt that it was worth reviewing in detail some of the advantages and disadvantages of retrobulbar bleeding in the context of the new methods.

Bleeding from this plexus always should be carried out under general anaesthesia in all species and anaesthesia is a requirement in some national regulations. The method has been described in detail by a number of workers.⁴⁶⁻⁴⁸

There is little published work on refining the method. The approach (lateral or access via the dorsal or upper aspect of the eye in rats) as the optimal way to penetrate the conjunctiva in order to minimize tissue damage has been discussed.²³ An interval of 2 weeks between bleeds at the same site should allow damaged tissue to repair in most cases,

33. Holme MA, Weiskopf RB. Determination of plasma volume in the venous system by dilution method. *Am. J. Physiol.* 1987; 252: 1003-1008.
34. Kitch H, Lech S, Lichterck AM. Accuracy and reproducibility of the measurement of circulating blood volume in the anesthetized rat by radioactive monitoring. *Crit. Care Med.* 1995; 23: 885-893.
35. Van-Kreel BK, van-Beek E, Spaanderman MEA, Peeters LL. A new method for plasma volume measurement in the rat using ¹²⁵I-labeled dextran-70 instead of ¹²⁵I-labeled albumin as an indicator. *Clin. Chim. Acta* 1998; 275: 71-80.
36. Altman PL, Dittmer DS. *Biological Data Book* (2nd edn), vol. 3. Altman PL, Dittmer DS (ed.). Federation of American Societies of Experimental Biology: Bethesda, MD, 1974.
37. Senon MJ. *Dictionary of Domestic Animal* (9th edn). London: Chapman & Hall, (1977).
38. Jain N. *Schalm's Veterinary Haematology* (4th edn). Lea and Febiger: Philadelphia, 1986.
39. McGill MW, Roman AN. Biological effects of blood loss: implications for sampling volume and technique. *ILAR News* 1989; 31: 5-18.
40. Scipioni RL, Dier RW, Mer WR, Hart SM. Clinical and clinicopathological assessment of cerebral phleboma in the Sprague-Dawley rat. *Lab. Anim. Sci.* 1997; 47:293-299.
41. Naha K, Probst J-P, Bane P, Rabemampianina Y. Effects of acute blood removal on the bleeding time on haematological and clinical parameters in Sprague-Dawley rat. *Laboratory Animal* 2000, 34, 362-371.
42. Hem A, Smith J, Solberg P. Saphenous vein puncture for blood sampling of the mouse, rat, hamster, gerbil, guinea pig, ferret and mink. *Lab. Anim.* 1998; 32: 364-368.
43. Zeller W, Weber H, Panozi B, Borge T, Bergmann R. Removal of blood sampling from the bleeding site of rat. *Lab. Anim.* 1998; 32: 369-376.
44. Mahl A, Heining P, Ulrich P, Jakobski J, Bobadilla M, Zeller W, Bergmann R, Singer T, Meier L. Comparison of clinical pathological parameters in the different blood sampling techniques in the rat. *Laboratory Animal*, 2000, 34, 351-361.
45. Sindler MM. Surgery, anaesthesia, and experimental techniques. In *Standardized and Safe University Procedures*, 1998: 1-329.
46. Stone SH. Method for obtaining blood from the orbital sinus of the rat or mouse. *Science* 1954; 119: 100.
47. Wainforth HB, Flecknell PA. Method of obtaining blood. In *Experimental and Surgical Techniques in the Rat*. Academic Press: London, 1992; 68-88.
48. Van Herck H. Orbital puncture: a non-terminal blood sampling technique in rat. *PhD Thesis*, University of Utrecht, 1999.
49. Van Herck H, Bauman V, Van der Craak NR, Hepp AP, Meijer G, Van Tuijlen G, Waloor HC, Beunen AC. Histological changes in the orbital region of rat after orbital puncture. *Lab. Anim.* 1992; 26: 53-58.
50. Beunen C, Bauman V, Haas JWM, Van Hellemond KK, Sarda FR, Van Tuijlen G. Assessment of discomfort induced by orbital puncture in rat. In *Neurodegeneration in BioScience: their Implications for Laboratory Animal Science*, Beunen AC, Solleld HA (ed.). Martin Nijhoff: Dordrecht, NL, 1988; 431-436.
51. Van Herck H, De Boer SF, Hepp APM, Van Lih HA, Bauman V, Beunen AC. Orbital bleeding in rat hinders diaphragm anaesthesia due to anencephalically determined heart rate, body temperature, locomotor activity and eating activity when compared to anaesthesia alone. *Lab. Anim.* 1997; 31: 271-278.
52. Krinke A, Kobel W, Krinke G. Does the repeated orbital puncture alter the occurrence of changes in the rat, in the rat, or the Harderian gland of laboratory rat? *Z. Versuch. 1988; 31: 111-119.*
53. McGee N, Maronpa RR. Harderian gland dacryadenitis in rat resulting from orbital bleeding. *Lab. Anim. Sci.* 1979; 29: 639-641.
54. Le Na JEL, Abbai DP, Mompon RP, Leblanc B. Repeated orbital puncture in rat induces damage to optic nerve and retina. *Vet. Pathol.* 1994; 31: 621.
55. Van Herck H, Bauman V, Brand CJWM, Hepp AP, Skenboom JH, Van Lih HA, Van Tuijlen G, Beunen AC. Orbital blood sampling in rat: a performed by diT0_Tf 3.6498447(19T[(-)-450 c1984398(4257r[ac i i)-289f 3.6498447